

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

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COVID-19 LOCAL OUTBREAK CONTROL PLAN

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Summary

This report will provide an update on the Local Outbreak Management Plan (LOMP) and other recent updates in light of the Governments living with COVID-19 strategy. This report will focus on new updates since the last brief was presented to the Board on 7 December 2021.

1. Budget and Policy Framework

1.1 As part of the Department of Health and Social Care's (DHSC) COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Management Plan (LOMP)—formerly known as the COVID-19 Local Outbreak Control Plan—to reduce the spread of the virus within the community.

1.2 The DHSC requested that the LOMP be updated to reflect the changed landscape of the pandemic and to consolidate the best practice that has emerged locally in its first year through the creation of a Best Practice Document. The objectives of these updates are outlined below:

- To ensure that updated, fit for purpose LOMPs are in place across England
- To identify any additional support Local Authorities may need from national or regional teams, particularly in relation to surge activity to detect new variants
- To identify good practice and local and regional level— most particularly in respect to Non-Pharmaceutical Interventions (NPIs) that can be used to reduce/prevent transmission of the virus, and use this learning to inform regional and national policy
- To ensure there is effective governance and clarity on roles/responsibilities at all levels of response
- To ensure LOMPs reflect cross-cutting considerations, such as inequalities

- To provide ongoing assurance and justification of the need for financial support from the Contain Outbreak Management Fund (COMF) and self-isolation fund.

1.3 The COVID-19 contain framework sets out how national, regional, and local partners will work with each other, the public, businesses, institutions, and other local partners in the community to prevent, contain and manage COVID-19 outbreaks. The latest version of the LOMP was published in January 2022 and includes updates to align the LOMP with the move back to Plan A by the UK government after a temporary implementation of Plan B.

2. Background

2.1 Responding to the Reduction in Cases Nationally & Locally

2.1.1 Since the last convening of the Joint Health and Wellbeing Board in December 2021, transmission rates of COVID-19 nationally and in Kent and Medway have reduced. Reduction in cases have been attributed to the successful vaccination campaign in England, with emphasis on the speed of the vaccine rollout and the targeted nature of vaccination for those with highest risk of COVID-19.

2.1.2 The COVID-19 Autumn and Winter Plan was published by the Government on 14 September 2021. Plan A focused on pharmaceutical interventions, test and trace and reducing pressure on the NHS while the measures in Plan B were mandatory face coverings, working from home guidance and COVID-19 certification. On 8 December the Government announced a move to Plan B following the rise in cases due to the Omicron variant. However, the ramping up of the vaccination campaign in the winter led to the Government reverting back to Plan A on January 27.

2.1.3 In line with the release of the UK Government COVID-19 Response: Living with COVID-19 strategy, from 31st March 2022, COVID-19 functions are expected to become part of business as usual response to infectious diseases. The Governments response will now be structured around 4 main principles:

- Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses
- Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing
- Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

2.1.4 The Omicron variant remains the dominant strain within England. No other Variants of Concern (VOCs) have been detected in Kent and Medway since the detection of the Omicron Variant in the UK in November 2021. Additionally, no surge testing for variants has been required or undertaken in Kent and Medway. Detailed information on all variants and variants under investigation can be found on the Government website under [Technical Briefing 37](#) published by UKHSA and recently updated on 25 February 2022.

2.2 Removal of the last domestic restrictions

2.2.1 The Government (from 24 February 2022), have removed the legal requirement to self-isolate following a positive test.

2.2.2 The Government will no longer ask fully vaccinated close contacts and those under the age of 18 to test daily for 7 days and have removed the legal requirement for close contacts who are not fully vaccinated to self-isolate.

2.2.3 The Government has ended self-isolation support payments and national funding for practical support. Also, the medicine delivery service has now ceased.

2.3.4 From 24 March 2022, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.

2.3.5 As for businesses, from 24 February 2022, workers will not be legally obliged to tell their employers when they are required to self-isolate.

2.3 Updates to Local Testing and Tracing Capabilities

2.3.1 Routine contact tracing has now ceased (as of 24 February 2022). Hence, contacts will no longer be required to self-isolate or advised to take daily tests. However, guidance will set out precautions that contacts can take to reduce risk to themselves and other people - and those testing positive for COVID-19 will be encouraged to inform their close contacts so that they can follow that guidance.

2.3.2 As from 1 April 2022, the Government would no longer provide the England population with free asymptomatic and symptomatic tests. However, this will still be available in private markets. Although, testing would continue within Adult Social Care, NHS settings (for patients and staff) and for some vulnerable populations.

2.3.3 From 1 April 2022, the Government will also remove the current guidance on domestic voluntary COVID-status certification and will no longer recommend that certain venues use the NHS COVID Pass.

2.4 The Vaccination Programme

2.4.1 The management and roll-out of the vaccination programme is the responsibility of the DHSC. Kent County Council and Medway Council are working closely with stakeholders from the DHSC to support them in meeting their vaccination targets for the local area. As of March 4, 2022, over 49

million people in the UK have been offered the second dose of a COVID-19 vaccine while over 38 million have had a booster.

- 2.4.2 As of March 4, 2022, 1,218,120, 1,149,910 and 924,036 people have received their first, second and booster doses respectively in Kent. Whilst in Medway, 204,526, 191,148 and 146,218 people have received their first, second and booster doses respectively.
- 2.4.3 To date, this programme has offered vaccination to all those 12 years of age and older, residents of care homes, frontline health and social care workers, clinically extremely vulnerable individuals, and those with underlying health conditions. In line with the programme rollout, coverage is highest in the oldest age groups.
- 2.4.4 Vaccinations have also started to be offered to at-risk 5- to 11-year-olds since the week commencing 31 January 2022.
- 2.4.5 Based on extensive assessment of the risks and benefits of vaccinations for 5 to 11-year-olds, the Joint Committee on Vaccination and Immunisation (JCVI) now advises that children aged 5 to 11, who are in a clinical risk group or who are a household contact of someone who is immunosuppressed, should be offered a primary course of vaccination.
- 2.4.6 Primary course vaccination for these children should be with the Pfizer-BioNTech COVID-19 vaccine with an interval of 8 weeks between the first and second doses.
- 2.4.7 Vaccines are currently delivered by two types of vaccination sites:
- Vaccination centres – using large-scale venues such as football stadiums; accessed via a national booking service.
 - Local vaccination services – made up of sites led by general practice teams collaborating via pre-established primary care networks and pharmacy teams through community pharmacies.
- 2.4.8 All vaccination delivery options remain available in Kent and Medway. Also, for people who are yet to take up their initial vaccine offer, the NHS continues to make vaccines available across the UK to ensure that every eligible person can be vaccinated.

2.5 Management of Local outbreaks in education and childcare settings

- 2.5.1 The contingency framework for education and childcare settings sets out the principles of managing local outbreaks of COVID-19 (including responding to VOC) in education and childcare settings. This framework was updated in February 2022 and includes amendments in light of the Governments living with COVID-19 announcement.
- 2.5.2 Guidance for twice weekly testing for staff and student in mainstream education and childcare settings has been removed.

2.5.3 However, staff and pupils in specialist Special Education Needs and Disabilities (SEND) settings, Advanced Placement and SEND units in mainstream schools or equivalent in Further Education colleges, are currently advised to continue regular twice weekly testing.

2.5.4 In managing COVID-19 risks in childcare and educational settings, the operational guidance sets out the infection prevention and control measures for these settings:

- Pupils, staff and other adults with COVID-19 symptoms, a positive test result, or who are a close contact of a case should stay at home and avoid contact with other people
- Pupils and staff should return to school on having two negative LFD tests, (taken from 5 days after symptoms started) if they feel well enough and in the absence of a temperature
- All education and childcare settings should continue to ensure good ventilation in occupied spaces and appropriate cleaning regimes.

2.5.5 The guidance also sets out when these settings should consider extra action and seek for public health advice:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection
- evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19
- a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group.

3. Risk Management

3.1 By running stress test exercises on a variety of scenarios related to the LOMP, we aim to minimise the risks associated with similar events occurring by (i) identifying any gaps within the LOMP, (ii) creating awareness of the communication channels that exist between the agencies, (iii) creating awareness of the roles of different agencies, (iv) clarifying the escalation triggers and process, (v) identifying areas where additional support may be required, (vi) identifying any potential challenges and their solutions and (vii) identifying actions that need to be taken and when.

3.2 The most recent stress test was completed on the 9th of September 2021. This was conducted via MS Teams, specifically a university outbreak scenario exercise. Discussions were focused on a number of areas including isolation, contact tracing, additional support available to students both internally in schools and externally in Kent and Medway (food parcels, mental health etc), and communication. Challenges were highlighted and solutions were provided

in order to further minimise the risks and consequences of a COVID-19 outbreak at a university.

4. Financial Implications

- 4.1. As a result of recent changes made to the Contain Outbreak Management Fund, additional resources are now available for eligible councils who need support in enforcing Local COVID Alert Levels in their communities.
- 4.2. Initial funding was provided through the Test, Track & Trace Support Grant using 2020/21 Public Health allocations as a basis for distribution. Additional funding of £8 per head of population for those Local Authorities in the highest tier of national restrictions was in place up to 2 December 2020. Since then, Funding allocations to Local Authorities is currently being managed through a variety of mechanisms. Resources for testing are being provided on a quarterly basis, based on a business case submitted by each Local Authority. Resources to support the activities of the Local Outbreak Management Plan are provided through arrangements with DHSC and MHCLG.
- 4.3. Monitoring and oversight of expenditure is managed via the Contain Programme Regional Convenor for the South East. There is a detailed framework that sets out the key areas that can be funded; these will evolve over time and are tailored to local need.

5. Legal Implications

- 5.1 Kent County Council (KCC) and Medway Council, under the leadership of the Directors of Public Health, have a statutory duty to protect the population's health by responding to and managing communicable disease outbreaks which requires urgent investigation and presents a public health risk.
- 5.2 The legal context for the councils' response to COVID-19 sits within the following Acts:
 - The Coronavirus Act 2020
 - Health and Social Care Act 2012
 - Public Health (Control of Disease) Act 1984
- 5.3 **The Coronavirus Act 2020** was first introduced in March 2020 and has enabled the Government to support individuals, businesses, and public services during the pandemic. The Government will expire all remaining non-devolved temporary provisions within the Coronavirus Act 2020. Half of the original 40 temporary non-devolved provisions have already expired, as the Government has removed powers throughout the pandemic which were no longer needed.
- 5.4 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the **Health and Social Care Act 2012** for a time limited period of four years from 1 April 2020.

- 5.5 The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 (“No.3 Regulations”) have been in place since 18 July 2020. These powers were revoked on 24 February. Local authorities will now be required to manage outbreaks through local planning, and pre-existing public health powers, as they would with other infectious diseases.
- 5.6 The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 have been in place since 28 September 2020, and impose a legal duty on individuals who test positive and certain close contacts to self-isolate. As set out in chapter 3, the legal duty to self-isolate has been lifted on 24 February and replaced by guidance.

6 Recommendation

- 6.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider and note this update report.

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Appendices

None

Background papers

None